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ABSTRACT

Conceptual and methodological limitations have hampered researchers' ability to establish valid, substantively meaningful, and theoretically driven self-report assessments of peer susceptibility. As a result, many assessments of peer susceptibility have been conceptualized as unidimensional and void of any theoretical underpinnings. This study presents empirical and theoretical support reconceptualizing early adolescent peer susceptibility as multidimensional. Following a review of the empirical and theoretical literature that showed support for a multidimensional model of adolescent peer susceptibility, items were constructed from memory-based techniques and focus groups. A self-report assessment that included the domains of conformity; personal control; social confidence; decision-making; assertiveness; self-derogation; and attention to social comparison was administered to 6th through 8th grade students (n=772). Results showed that high conformity was significantly associated with low personal control; high social anxiety; low assertiveness; high self-derogation; and high social comparison. The results provide empirical and theoretical support for a multidimensional model of early adolescent peer susceptibility. The results can impact how counselors and educators interact with adolescents regarding their need to self-evaluate compared to peers, create intervention programs, and evaluate individual differences based on competence. (Contains 36 references.) (JDM)

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A RECONCEPTUALIZATION OF ADOLESCENT PEER SUSCEPTIBILITY

Paper Presented at
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by

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The Problem

Peers play an important role in the development of early adolescents. This importance has led many researchers to examine peer influences on pro- and antisocial behavior (e.g., Rubin, Bukowski, & Parker, 1998). These studies have provided many meaningful contributions to our understanding of peer influences; however conceptual and methodological limitations have hampered our ability to establish valid, substantively meaningful, and theoretically driven self-report assessments of peer susceptibility. As a result, many assessments of peer susceptibility have been conceptualized as unidimensional and void of any theoretical underpinnings.

Purpose of this Presentation

This paper presents empirical and theoretical support reconceptualizing early adolescent peer susceptibility as multidimensional, not unidimensional as indicated from the relevant research.

Important areas of development include: self-efficacy (Bandura, 1977), social competence (Waters & Sroufe, 1983), self-derogation (Kaplan, 1980), and the social psychological processes underlying identity formation (Erikson, 1968; Seltzer, 1989). Major developmental theories that guide the development of a measure of peer susceptibility include social comparison (Festinger, 1954) and social learning theory (Bandura, 1977).

Limitations of Relevant Research

Limitations and oversights within the relevant literature include: (a) lack of developmental theories to guide the construction of a psychometrically sound assessment of peer susceptibility; (b) omission of any conceptual or logical framework to account for the manner in which peer susceptibility or conformity operates (e.g., Berndt, 1979; Bixenstine, Decorte, & Bixenstine, 1976; Clasen & Brown, 1985; Dielman, Campanelli, Shope, & Butchart, 1987); (c) reliance on exploratory factor analysis to establish any dimensional structure, as opposed to confirmatory factor techniques; (d) use of hypothetical rather than ecologically valid situations (e.g., Berndt, 1979; Bixenstine et al., 1976), thus limiting the generalizability of measures to real-life adolescent experiences;

(e) lack of face and factorial validity; (f) over-reliance on items depicting substance use or misuse, misconduct, and antisocial behavior (e.g., Dielman et al., 1987; Hays & Ellickson, 1990; Jones, McDonald, Fiore, Arrington, & Randall, 1990; Kumpfer & Turner, 1991), thus confounding the validity of what is being measured and obscuring a reliable definition of peer susceptibility, and; (g) omission of measures developed exclusively for early adolescents between the ages of 11 and 14 (e.g., Brown, 1982; Dielman et al., 1987; Hays & Ellickson, 1990; Jones et al., 1990), thereby limiting the generalizability of assessments to adolescent populations. This oversight is particularly important, because heightened susceptibility to peer social influences occurs mainly in the years between early childhood and early-late adolescence (Brown, 1990).

Theoretical Background

Peers are benchmarks adolescents use for developing personal traits, constructing normative beliefs and skills across diverse domains of development (Erikson, 1968; Hartup, 1989; Newman & Newman, 1976; Sullivan, 1953). Hartup (1983) noted that preadolescents report a strong desire to belong to a peer group, and that peer groups generate shared norms and rules of behavior for their members. The importance peer relations have on the development of norms, values, dress, and behavioral conduct is well documented (Brown, 1990; Newman & Newman, 1976). The perception and internalization of social and peer group norms influence the adolescent's standard from which self-identity develops (Berndt, 1979, 1989; Brown, 1989; Erikson, 1968; Newman & Newman, 1976; Seltzer, 1989; Sullivan, 1953).

Self-identity, is in part, developed from the interrelationship between the self and peer interactions (Erikson, 1968). Affiliation with a peer group provides friendship, support, social approval, and reassurance of the adolescent's self-worth. However, when the adolescent is rejected from the group (social disapproval), he or she experiences alienation and negative self-evaluations that become internalized as cognitive representations of the self. Sullivan's (1953) proposition that the self-concept varies with the experience of interpersonal relationships has been empirically supported; poor peer relations predict subsequent maladjustment including school dropout, criminality, and

psychiatric problems (e.g., Hartup, 1983, 1989; Parker & Asher, 1987). Many researchers found (e.g, Asher, Parkhurst, Hymel, & Williams, 1990; Rubin & Coplan, 1992) that rejected and isolated youth reported diminished self-concepts, perceived themselves as less socially competent, reported fewer positive expectations for social success, and expressed more feelings of depression than nonrejected youth.

Negative self-evaluations also affect cognitive decisions to select behaviors (i.e., conformity) intended to bring about social approval and positive peer evaluations. Festinger's (1954) social comparison theory provides a theoretical understanding of how peers influence the adolescent's developing self. Individuals have a drive or need to evaluate the self and use peers as an external, comparative standard across physical, cognitive, social, and emotional arenas. As similarities among adolescents increase and attraction to the peer group grows, the youth's drive for comparisons also increases. Because adolescents experience similar developmental achievements across various arenas (e.g., cognitive, social), it is important to consider these experiences as part of a multidimensional conceptualization of peer susceptibility. One manifestation of the youth's drive to self-evaluate compared to peers, is social conformity.

Conformity arises as a result of comparisons between the self and the peer group. Conformity serves to protect the adolescent against social disapproval, self-derogation, social rejection, yet also provides the adolescent access to the social norms, traits, and behaviors needed for the developing self-identity (Arkin, 1981; Kaplan, 1975; Seltzer, 1989). Subsequently, it is important to examine adolescents' confidence to conform when exposed to peer social influences. In this regard, Bandura's model of self-efficacy (1977) represents a theoretical framework to account for conformity to peer influence. Bandura defined self-efficacy as, "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (Bandura, 1997, p. 3). The capabilities required by the adolescent to attain given attainments (e.g., positive self-appraisals) are posited to include various psychosocial and cognitive processes (e.g., self-derogation, decision-making) inherent to this study.

In brief, a review of the empirical and theoretical literature support a multidimensional model of adolescent peer susceptibility that includes domains reflecting self-efficacy (Bandura, 1977), perceived control (Nowicki & Strickland, 1973; Paulhus, 1986), social confidence (Flemming & Watts, 1980), self-derogation (Kaplan, 1975; 1980), social assertiveness (Gambrill & Richey, 1975; Wills, Baker, & Botvin, 1989), decision-making skills (Bugen & Hawkins, 1981), and a protective style of presentation (Arkin, 1981), i.e., attention to social comparison (Lennox & Wolfe, 1984).

Research

Items were constructed from memory-based techniques that relied on minimal-cue assessment strategies (e.g., Stacy, Dent, Sussman, & Raynor, 1990) and focus groups. Results from these strategies provided face validity by determining the adolescent's recollections of peer social interactions, whether beliefs pertaining to peer susceptibility were accessible from long term memory, and the content of those beliefs. Items from existing scales (e.g., Wills, et. al., 1989; Bugen & Hawkins, 1981) were included with newly constructed items. Using exploratory factor analysis, item-scale correlations, item variances, items means, coefficient alphas, and a correlation matrix; item homogeneity, similarity, and representativeness of items to the theoretical domains of interest were achieved. The resulting 68-item self-report assessment included seven distinct domains tapping; conformity self-efficacy (confidence in execution), personal control (causal beliefs/attributions), social confidence (social anxiety), decision-making (applied decision-making skills), assertiveness (defense of rights), self-derogation (lack of self-esteem), and attention to social comparison (protective self-presentation). A sample of 772 sixth through eighth grade students were administered the self-report assessment.

It was hypothesized that adolescent peer susceptibility is multidimensional and that high conformity is associated with; low personal control, high social anxiety, low decision-making, low assertiveness, high self-derogation, and high social comparison.

Results

A statistically fit seven-factor multidimensional model of adolescent peer susceptibility was found to include: conformity self-efficacy, personal control, social

anxiety, decision-making, assertiveness, self-derogation, and social comparison. Furthermore, a second-order structure was found to include dimensions of Cognitive (personal control, decision-making, and self-derogation) and Social (assertiveness, social anxiety, and social comparison) susceptibility.

High conformity was significantly associated with low personal control, high social anxiety, low assertiveness, high self-derogation, and high social comparison. Decision-making and conformity were not significantly related. These results provide indicators of individual differences (i.e., at-risk profile) regarding high conforming youth.

Applications and Future Research

Results from this study provide empirical and theoretical support for a multidimensional model of early adolescent peer susceptibility. Existing psychological theories were uniquely applied to the developmental achievements of early adolescents. Compared to the relevant literature, a clearer understanding of the precise conditions that foster individual susceptibility to neutral peer social influences (i.e., high conforming youth) were achieved.

This multidimensional approach to adolescent peer susceptibility will impact on how professionals across clinical, educational, and research settings: (a) interact with adolescents regarding their drive to self-evaluate compared to peers; (b) evaluate and construct intervention and prevention programs for at-risk youth; (c) conceptualize and construct theoretically-supported prevention curricula based on competence enhancement; and (d) evaluate individual differences regarding psychosocial adjustment.

Based on various limitations of this study, suggestions for future research include; (a) replication with larger samples, (b) validity analyses for conformity self-efficacy, (c) analysis of criterion validity (deviant measures & contrast groups), (d) examination of normative age trends, and (e) examination of group differences regarding gender, ethnic, family structure, geographic setting, and socioeconomic levels.

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